

FILED OCT 30 1948

State File No.

9061

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT

FULL NAME DAVID P. O'BRIEN

3. (b) If veteran,

name war

3. (c) Social Security No.

none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mamie O'Brien 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased December 2nd 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 15 hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business St. Louis Police Dept.

12. Name John O'Brien

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Brigid Hanrahan

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie O'Brien-Wife

(b) Address 4269a St. Louis Ave.

17. (a) burial (b) Date thereof 10-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.

19. (a) OCT 19 1948 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4269a St. Louis Ave. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 17th  
year 1948 hour 7:55 P.M. minute. M.

21. I hereby certify that I attended the deceased from 10/9 to 10/17 1948

that I last saw him alive on 10/17 and that death occurred on the date and hour stated above.

Immediate cause of death

Bleeding Peptic Ulcers 3 yrs.

Due to 11/7

Due to

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Atherosclerosis

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Doc. J. [Signature] (M. D. [Signature])

Address 3877 Delmar Date signed 10/19/48

Dr. L. F. Hayden  
5899 Belmar  
La 1201  
7:00 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert L. Brinkman  
Licensed Embalmer No. 3553

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**